

# Citizens Police Academy Application



Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Driver's License No. / Ohio I.D. \_\_\_\_\_

Phone (Work): \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Occupation: \_\_\_\_\_ E-Mail: \_\_\_\_\_

We appreciate your application to the Hilliard Division of Police Citizens Police Academy. For security purposes and application approval the City of Hilliard will conduct a standard background check. The Chief has final approval on all applicants and will take all information into consideration. By applying for a program within the Hilliard Division of Police, you agree to allow publication of photos taken during the program unless you notify us in writing at the time of registration.

## Authorization for Criminal Records Check:

I hereby authorize the City of Hilliard to conduct a background records check to determine whether I have any felony or misdemeanor convictions, pending criminal charges, or other information that may be considered relevant to my application for the Citizens Police Academy.

I have read, understand, and agree to the information noted above:

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Signed

Return to: Hilliard Division of Police  
Community Relations  
5171 Northwest Pkwy.  
Hilliard, Ohio 43026